

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME R. Steven Tharratt, MD, MPVM			SSN or EMPLOYEE NUMBER*			DEPARTMENT Executive Division			
POSITION Director		CB/ID No.		DIVISION or BUREAU Emergency Medical Services Authority			INDEX NUMBER		
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 1930 9th Street				TELEPHONE NUMBER	
CITY El Dorado Hills		STATE CA		ZIP CODE 95672		CITY Sacramento		STATE CA	
								ZIP CODE 95811	

(1) NORMAL WORK HOURS				(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED 0.550						
(4) MONTH/YEAR MAY2009		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
5/6	0600	Sacramento to San Diego							PC RC	9.00	12.00	6.60	15.60	
5/6	14:15	Return to Sacramento							PC		12.00	6.60	6.60	
							329.20	A			0.00		329.20	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	329.20		9.00	24.00	13.20	0.00	351.40

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$351.40



(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To accompany Governor Arnold Schwarzenegger in San Diego at the Wildfire Awareness Week Press Conference. Last minute schedule changes necessitated Dr. Tharratt purchasing his ticket using his personal credit card.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 5/2/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

CLAIMANT'S NAME R. Steven Tharratt, MD, MPVM			SSN or EMPLOYEE NUMBER*		DEPARTMENT Executive Division	
POSITION Director		CB/ID No.	DIVISION or BUREAU Emergency Medical Services Authority			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER
CITY El Dorado Hills	STATE CA	ZIP CODE 95672	CITY Sacramento	STATE CA	ZIP CODE 95811	




(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
5/7	0600	El Dorado Hills to Los Angeles						PC	9.00	42.00	23.10		32.10	
5/7	1345	Return to Sacramento					314.20	A		12.00	6.60		320.80	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	314.20		9.00	54.00	29.70	0.00	352.90

COLUMN CODE (ACCTG. USE ONLY)											
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<b>CLAIM TOTAL</b>	<b>\$352.90</b>
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<p>(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>To accompany Governor Arnold Schwarzenegger in Santa Barbara for a press conference due to the Jesuita fires. Last minute schedule changes necessitated that Dr. Tharratt purchase his ticket using his personal credit card. Dr. Tharratt drove from Los Angeles to Santa Barbara; he was unable to obtain a rental car receipt.</p>	<p>AGENCY ACCOUNTING OFFICE USE ONLY</p> <p>PAID BY REVOLVING FUND CHECK NUMBER</p>
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<p>(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.</p>			
<p>CLAIMANT'S SIGNATURE</p> 	<p>DATE</p> <p>5/12/05</p>	<p>(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT</p> 	<p>DATE</p>
<p>(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)</p> 			<p>DATE</p>



DATE \_\_\_\_\_

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

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CLAIMANT'S NAME R. Steven Tharratt, MD, MPVM			SSN or EMPLOYEE NUMBER*		DEPARTMENT Executive Division	
POSITION Director		CB/ID No.	DIVISION or BUREAU Emergency Medical Services Authority			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER (916) 322-4336
CITY El Dorado Hills		STATE CA	ZIP CODE	CITY Sacramento		STATE CA
						ZIP CODE 95811

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER			(3) MILEAGE RATE CLAIMED 0.550		
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(4) MONTH/YEAR MAY 09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
5/13	0800	El Dorado Hills to Palm Spgs	152.48	6.00	10.00	18.00			PC/RC	9.00	42.00	23.10		218.58
5/14	1330	Return to Sacramento		6.00	12.00		6.00		PC	9.00	12.00	6.60		39.60
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			152.48	12.00	22.00	18.00	6.00	0.00		18.00	54.00	29.70	0.00	258.18
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$258.18**

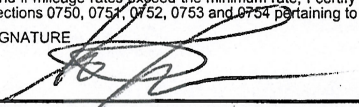

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Dr. Steve Tharratt attended the conference and delivered opening remarks on Thursday, May 14 @ 8:45 a.m.

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seatbelt usage.

CLAIMANT'S SIGNATURE 		DATE 5/15/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE



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POSITION Director		CB/ID No.	DIVISION or BUREAU Emergency Medical Services Authority			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER (916) 322-4336
CITY El Dorado Hills	STATE CA	ZIP CODE 95672	CITY Sacramento	STATE CA	ZIP CODE 95811	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR MAY 09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
5/20	0530	El Dorado Hills to Sac Airport		6.00	10.00			65.00	PC/T	2.50	42.00	23.10		106.60
5/20	1455	Return to Sac							PC	9.00	12.00	6.60		15.60
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	6.00	10.00	0.00	0.00	65.00		11.50	54.00	29.70	0.00	122.20
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$122.20


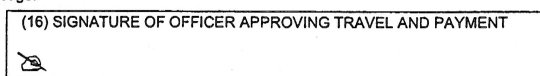
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Dr. Steve Tharratt, delivered the welcome and opening remarks (5/20) at the Medical Reserve Corps Conference "Enhancing and Assisting MRC Development Statewide" in Redondo Beach, CA.

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE 	DATE 5/24/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE